

Other _____

The filing fee has been calculated as shown below:

LARGE ENTITY				SMALL ENTITY			
FOR	NO. FILED	NO. EXTRA	RATE FEE		RATE FEE		
BASIC FEE	***** ***** *****	***** ***** *****	***** ***** \$690.00 *****	or	**** **** \$345.00 ****		
TOTAL CLAIMS	18 - 20 =	0	x18 =\$ 0.00	or	x 9 = \$	0.00	
INDEPENDENT	3 - 3 =	0	x78 =\$ 0.00	or	x 39 = \$	0.00	
MULTIPLE DEPENDENT CLAIM PRESENTED <u>no</u>			+260 = \$ 0.00	or	+130 = \$	0.00	
TOTAL \$ 690.00				TOTAL \$ 0.00			

X A check in the amount of \$ 730.00 to cover the filing fee and recording fee (if applicable) is enclosed.

____ Please charge Deposit Account No. 02-2448 in the amount of \$ _____. A triplicate copy of this transmittal form is enclosed.

____ No fee is enclosed.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By _____

JOSEPH A. KOLASCH

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